



PATENT
506-115

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Matter of the Application of)
)
RONALD LESLIE HUIH)
)
Serial Number: 10/828,774) Examiner: S.L. Purol
) Group Art Unit 3634
Filed: April 21, 2004) Confirmation No. 5227
)
For: STORAGE UNITS)

Melvin I. Stoltz, Esq.
51 Cherry Street
Milford, CT 06460
December 20, 2006

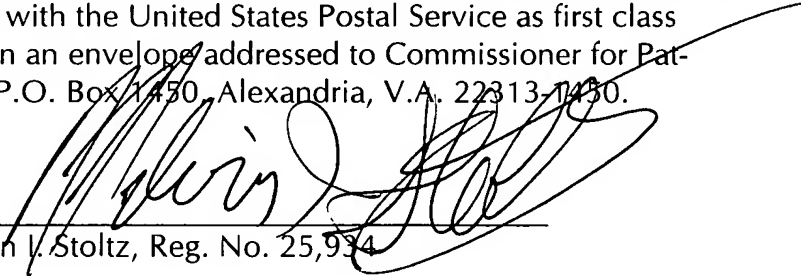
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the outstanding Office Action mailed November 1, 2006, please
amend this application as follows:

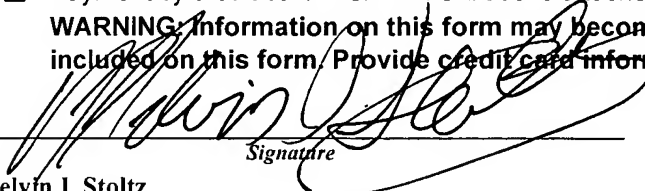
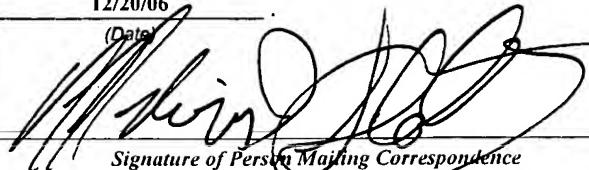
I hereby certify that this correspondence is being deposited
today with the United States Postal Service as first class
mail in an envelope addressed to Commissioner for Pat-
ents, P.O. Box 1450, Alexandria, V.A. 22313-1450.



Melvin I. Stoltz, Reg. No. 25,934

Date: December 20, 2006

ZWA AF

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 506-115	
Applicant(s): RONALD LESLIE HUISH					
Application No. 10/828,774	Filing Date 04/21/2004	Examiner S.L. Purol	Customer No. 27106	Group Art Unit 3634	Confirmation No. 5227
Inventor: STORAGE UNITS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4512 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Melvin I. Stoltz Registration No. 25,934 51 Cherry Street Milford, CT 06460 (203) 874-8183 Attorney for Applicant			Dated: December 20, 2006 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 12/20/06 (Date)  Signature of Person Mailing Correspondence Melvin I. Stoltz Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					